


NURSE DELEGATION PROGRAM



**NDP Training For
MAS-RN/LPN
and MATT RN's**

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Components to MAS-RN/LPN Training

1. Didactic Presentation
2. Question and Answer
3. Certification Test

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Essential Materials for the MAS RN/LPN During Training

1. Manual 5.1 or 5.2 (Administrative Guidance for the Medication Assistance Certification Program for ADMHMR).
2. NDP Manual 3.1 (Training Manual For the Medication Assistance Certification (MAC) Program)
3. Slide sets for 3.1 or 3.2
4. Quick Facts for MACs (NDP 4.1 or 4.2)
5. MAC Test for 3.1 or 3.2
6. Attendance Sheet (NDP 6.1)

Understanding the NDP System

1. Program developed for individual residential facilities
2. Program developed for joint operations
3. Each member represents a distinct program

Getting Started

1. Organize materials.
2. Establish a training schedule.
3. Define the process and the test.
4. Create a positive learning environment for MAC workers.
5. Emphasize the gravity of the MAC responsibility.

Understanding The Instructions From The Alabama Board of Nursing

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BON 610-X-6-.15

1. Brief set of directions

2. Road map for NDP Program

3. Guidance to MAC, MAS and ADMHMR

4. Clear definition of limits

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BON 610-X-6-.15

Interventions that shall not be delegated

A. Catherization (clean sterile)

B. Administration of injectable medications

C. Administration of rectal or vaginal medications

D. Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet

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BON 610-X-6-.15

Interventions that shall not be delegated

E. Tracheotomy care, including suctioning

F. Gastric tube insertion, replacement, or feeding tube

G. Invasive procedures or techniques

H. Sterile procedures

I. Ventilator care

Shared Responsibilities Between Registered Nurses And LPN

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- A. Identifies the appropriate individual to assist in providing prescription medication
- B. Provides periodic and regular evaluations and monitoring of MAC workers
- C. Conducts quality monitoring of the tasks performed.
- D. May at anytime suspend or withdraw the delegation of specific tasks

Understanding The Public Mental Health System

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Understanding the Department of Mental Health and Mental Retardation

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- A. An agency of the state of Alabama
- B. Operates a continuum of care for persons with mental illness, mental retardation, or substance abuse
- C. Contracts with independent community providers for community-based services
- D. Regulates or inspects services supported by state or federal dollars

Understanding the Mental Health System in Alabama

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1. Four state hospitals for adults
2. One state hospital for forensic patients
3. One geriatric psychiatry hospital
4. Twenty two community mental health centers
5. Hundreds of residential and group homes
6. Many other residential alternatives, including independent living

Chain-of-Command within the Department of Mental Health and Mental Retardation

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- Governor
- Commissioner of Mental Health (appointed cabinet-level position)
 - Mental illness
 - Mental retardation
 - Substance abuse
- Associate Commissioners

Conclusions about the Department of Mental Health and Mental Retardation

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- A. A large state agency responsible for the care of persons with mental illness, mental retardation, and substance abuse
- B. A direct service provider via hospitals, ICFMR's and SNF
- C. A service contractor and regulator to provide community services
- D. A consumer driven organization with active involvement by patients and advocates

Understanding The Persons Served by Alabama's Mental Health System

Distinct Patient Population

1. Serious Mental Illness (SMI)
2. Developmental Disorder or Mental Retardation (DD/MR)
3. Substance Abuse (SA)
4. Multiple Neuropsychiatric Diagnosis (Dual Diagnosed)

Important Psychiatric Diseases For MAC Worker in the MI/SA System

1. Schizophrenia
2. Mood disorders
3. Substance abuse

Common Reasons For Residential Placement for Persons with MRDD

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1. Co-morbid psychiatric problems
2. Severe behavioral problems
3. Seizure disorders or other health problems

Important Issues in Substance Abuse

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1. Common
2. Biologically driven
3. Common psychiatric comorbidities

Possible Problems Encountered In The MAC Workforce

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1. Stigma
2. Fear
3. Lack of knowledge about brain malfunction

Understanding the DMH/MR Advocacy System

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- A. Central office of advocacy responds directly to the Commissioner
- B. Advocates in every facility
- C. Advocates within every community operation
- D. Self-advocacy by patients
- E. Family advocacy through organizations such as the National Alliance for the Mentally Ill or the ARC

Understanding the MAC Worker System

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Medication Assistance Certification

Guidelines on Selection of MAC Workers

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- A. Sufficient maturity to deal with mentally ill or mentally retarded persons
- B. Adequate reliability to follow instructions and report problems
- C. Sufficient academic skills to master material in the hand-guide
- D. Respect for residents
- E. Ability to work independently

Questions to Ask about a Worker

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- A. Are they sufficiently mature to handle the medications for another human being?
- B. Can they perform this task for their own children or loved one?
- C. Will they follow directions and accept instructions from the nurse?
- D. Can they work with difficult residents to maximize medication compliance?
- E. Do they have the ability to monitor for common important side effects and use the monitoring guidance provided through the MAC Manuals?
- F. Are they respectful people who will see the resident as a human being who needs help?

Educational Programs

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- 1. MAC-1
- 2. MAC-2
- 3. Continuing Education

MAC Level 1

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- 12 hours in classroom
- Good in all facilities
- Found in NDP 3.1 or 3.2

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MAC Level 2

- 12 hours hands-on with RN/LPN
- Must follow checklists
- Considerable flexibility for MAS-RN/LPN

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MAC Continuing Education Program

- 4 hours per year
- Includes updates on program

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MAS Nurse Teaching Responsibilities

1. Must be present for educational program
2. Can allow flexible mixture of self-study
3. Allow at least 1 hour per 3 hours block for discussion with MAC candidates
4. Can space or vary order of modules

Testing System (MAC Test)

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- 50 multiple choice questions
- 90%+ to pass
- 3 tries and out
- MAS nurse may read test questions in certain circumstances
- MAS nurse responsible to maintain test security

Don't Make Assumptions About MAC Candidates

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- A. Most non-medical individuals have little understanding about mental illness or mental retardation.
- B. Many people are afraid of persons with mental illness or mental retardation.
- C. Most people do not understand how the brain works.
- D. People come from many backgrounds. Some people learn good parenting skills while others have little exposure to high-quality parental models.

Role of MAC Worker

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1. Eyes, ears, and hands for the team
2. Assist with medications
3. Encourage compliance
4. Monitor compliance

**Important Psychotropic Medications to
Cover for all Residents**

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1. Antipsychotics
2. Mood stabilizers
3. Pain pills
4. Antiepileptics

**MASRN/LPN Determination of
Self- Administration**

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Self Medication (NDP 2.3)

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1. Resident Assessment
2. Documentation
3. Periodic Re-evaluation

Assessment for Self-Medication ³⁷ **(NDP 2.3)**

1. Recognize medications (prep and dose)
2. Understand use of medications
3. Ability to report side effects

Classification of Self-Administration Capability ³⁸

1. Independent
2. Limited
3. Total Assistance

Guidance for Discussing Side Effects ³⁹ **(NDP 2.3)**

1. Lethality, e.g, hypotension, anaphylaxis
2. Predictability, e.g, drowsiness for antiepileptics
3. Frequency, e.g, akathisia for old antipsychotics but not NMS

Important Side Effects to Discuss Using MAC Facts

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Antipsychotics-	Sedation, weight gain
Mood Stabilizers-	Sedation
Pain Pills -	Sedation, obscuring fever or pain
Anti-epileptics-	sedation

Key "Safety" Ideas to Emphasize to MAC Workers

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1. All drugs may have side effects.
2. One drug may effect another drug.
3. Drug allergies are important and can occur at any time.
4. Many residents cannot report adverse effects.
5. MAC Mission: watch for change and report to nurse.

Assessment Vignettes

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Mr. Jones



**Example of Self-Medication
Documentation (NDP 2.3)**

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Vignette 2

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Mr. Adams




**Example of Self-Medication
Documentation (NDP 2.3)**

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Vignette 3

Ms. Lee



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Example of Self-Medication Documentation (NDP 2.3)

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Non-skilled Interventions That Can Be Managed By A MAC Worker

1. Basic First Aid, i.e., dressing simple scratches, bite marks, or other superficial injuries.
2. Epinephrine injectors routinely carried for persons with allergic reactions.
3. Diastat suppositories for status epilepticus (pending approval by BON).

Managing the Resident with Epilepsy

Seizures are Important Because:

1. Residents can have behavioral changes.
2. Residents can injure themselves.
3. Residents can die from status epilepticus.

All Facilities with Residents with Seizure Disorders Should:

1. Teach basic clinical facts on epilepsy
2. Train First Aid for seizures
3. Explain when to call 911
4. Optional: Diastat usage

Basics for Use of Diastat

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1. Current medical order for medication
2. Define seizure disorder
3. Properly trained staff

Administration of Diastat

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1. Medical emergency
2. Promptly send to ER for evaluation or on-call nurse must respond in person
3. Debriefing to assess efficacy

Training Requirements for Diastat

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1. Knowledge of seizures and status epilepticus
2. Understand Diastat
3. Understand physical management of a seizure patient
4. Training and certification in rectal insertion
5. Proper documentation

Understanding MAC Supervision by MAS Nurse

MAS Nurse Supervision Specifics

1. No defined number for supervision
2. Personnel management based on facility guidance
3. Clinic management based on NDP
4. Quarterly assessment required

Why Perform Quarterly Assessment?

1. Encourage excellence
2. Maintain performance
3. Medico-legal protection

Navigating the On-Call System

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1. 24/7 telephone contact
2. On-call must be MASRN/LPN
3. On-site supervision based on facility

Supervision of MAC Workers

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1. Technical competence
2. Professionalism
3. Personal integrity
4. Respect for resident rights

Supervision of MAC Workers

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- Score 1 to 5
- Opportunity for improvement and praise

Dealing with Facility Specific Details

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- Minimal number of administrative mandates
- Maximum local autonomy

Acceptable Medication Systems

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1. Individual bottles with label
2. Blister packs
3. Planners loaded by pharmacists

Unacceptable Medication Systems

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1. Stock bottles
2. Weekly planners loaded by staff
3. Unlabeled containers

Role of the MAC Worker

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1. Assist RN/LPN with medications
2. Encourage residents
3. Monitor for side effects
4. Maximum autonomy: some facilities may be more restrictive

Designing A Fool-Proof System

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Consider:

1. Trips to MD
2. Hospitalization
3. Telephone Orders
4. Emergency Verbal Orders

Rules Of The MAR For MAC Workers

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1. All medications must be on MAR
2. Cannot change, add or delete
3. Cannot take verbal orders

Handling Resident Absences From Unit

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1. Home visits
2. Supervised trips
3. Trips to the hospital

Special Procedures

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1. Colostomy bags
2. Glucometer
3. Cleaning equipment

Using the Resident Reminder Evaluation Cards for MAC Workers

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1. Discuss each line
2. Define simple instructions
3. Give examples using your residents

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Checklist 1

Common Changes in a Resident's Mental Status with SMI or SA that Require Immediate Attention

The Resident Appears:	Possible Explanation	Suggested Actions
Sleepy	Infection, drug toxicity, seizures, low blood pressure, low oxygen, low blood sugar, drug intoxication*	
Irritable	Pain, drug toxicity, low blood sugar, drug ingestion*	
Confused	Drug toxicity, low oxygen, low blood pressure, seizure, low blood sugar, drug intoxication*	
Agitated or Aggressive	Drug toxicity, new health problem causing pain, seizures, low blood sugar, constipation, drug use*	

* Illegal street drugs or alcohol

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Checklist 2

Important Behavioral Changes in Residents with Mental Retardation that Require Immediate Attention

The Resident Won't:	Possible Explanation	Suggested Actions
Walk	Pain, broken bone, stroke, heart problems, excess sedation, drug overdose	
Talk	Stroke, excess sedation, drug overdose	
Eat	Stroke, stomach problems, bowel problems, dental problems, infection, broken tooth, cut tongue	
Wake Up	Stroke, medication overdose, drug overdose, health emergency, drug overdose	

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Checklist 3

Important Changes in Vital Signs of Residents with Mental Retardation that Require Immediate Attention

Vital Sign Change	Normal	Immediate Report Level	Common Possible Causes
High blood pressure*	Top - 90 to 140 Bottom - 60 to 90	Top - over 160 Bottom - over 100	Pain, fear, anxiety, medication side effect, seizure, non-compliance with high blood pressure medication, drug intoxication
Low blood pressure*	Top - 90 to 140 Bottom - 60 to 90	Top - less than 90 Bottom - less than 60	Internal bleeding, dehydration, heart problems, drug reactions, excessive medications for high blood pressure, drug intoxication
Fast Pulse at Rest	60 to 90	Over 90	Pain, fear, drug reactions, seizures, heart problems, internal bleeding, drug intoxication
Slow Pulse	90 to 90	Below 60	Heart problems, drug side effects, drug overdose
Fast Breathing at Rest	12 to 16	Over 16	Asthma, pain, fear, lung disease, heart problems, seizures, low oxygen in blood, pneumonia, drug overdose
Slow Breathing while awake	12 to 16	Below 8	Excessive sedation, brain emergency, low blood sugar, drug overdose
High Temperature	97 to 100	> 100	Infection, drug reaction, heat stroke
Low Temperature	97-100	< 97	Shock, severe infections

*Systolic = top number
*Diastolic = bottom number

Understanding the NDP Guidance for PRN Medications

Rationale for Policy

1. Vulnerable population
2. Variable MAC familiarity with resident
3. Possibility of PRN obscuring serious health problem

Understanding the PRN System

1. Balancing resident safety and availability
2. Assuring nursing judgment
3. Protecting staff

General Principles of PRN Medications

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1. A MAC worker can give a PRN.
2. All types of medications can be given.
3. The decision to administer the medication is a nursing judgment.

Requirements for a PRN Medication

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1. Physician order for all medications (prescription/OTC)
2. Written guidelines for medications
3. Telephone clearance by on-call nurse
4. Assessment of effectiveness


Conclusions and Questions

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--Test Time--

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